MARGIN RESERVED FOR BINDIN

V. S. No. 1

STA	TE O	F MAR	YLAND-	CERTIFICATE OF DEATH 4066
1. PLACE OF DEATH				101
County C.ec.	Il w	THIN CORPO	BAILE LILA,	Registration Dist. No.
Village or City Elic	ton		(II	No. Union Hospital St., Ward death occurred in a hospital or institution, given a NAME instead of street and number)
Langth of rasidenca in city or	town where d	leeth occurred		. J. O. ds. How long in U.S. if of foreign birth?yrsmósds.
2. FULL NAME A	drew	Anderso	n	Not a veteran
(a) Residence: No.		(Usual place	of abode)	St., Ward. North East Md.
PERSONAL AND S	TATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Male White			RIED, WIDOWED, D (write tha word) I C Y	21. DATE OF DEATH (North) (Day) 1937
5a. if marriad, widowad, or divorcad HUSBAND of (or) WIFE of Mary	E. Ar	ndersoh		22. I HEREBY CERTIFY. That I attended dacaased from
6. DATE OF BIRTH (month, day, and	vear)	Oct 3	1848	liast saw has alive on as 21,1937; daath is said
7. AGE Years	Months	Deys	if LESS than	to have occurred on the data stated above, a 2 445 pm.
88	6	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated ceuses of importence ware as follows:
8. Trada, profassion, or particu kind of work dona, as SI SAWYER, BDDKKEEPER, 9. Industry or businass in whit work was done, as SILK SAW MILL, BANK, atc 10. Data dacaased last worked this occupation (month at year)	PINNER, etcsh MILL, at	spat		Dilhar Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (Stata or country)	New I	lexa.s Penna		
	Ande			
13. NAME JOhn 14. BIRTHPLACE (city or town). (Stata or country)		Penna		Nama of operation Date of
	o mo h	Andona		What tast confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Sarah Anderson 16. BIRTHPLACE (city or town) (State or country) Penna 17. INFORMANT Mrs Nellie Housekeeper			eeper	23. if death was dua to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
(Addrass) 18. BURIAL, CREMATION, DR REMO		Mast,	Md	
Placa North Ea		.T. Data A	£10.4 1977	Manner of injury
19. UNDERTAKER NOT NOT 20. FILED 73 , 19 20	th Ea	Lia	yland Gray &	24. Was disease or injury in any way related to occupation of deceased?
	If more	blanks are needed.	Registyar. address State Registrar.	(Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1		Example II		
of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SECEIVER	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAY 5 1501	July 5,1927	Peritonitis	3 days ago	
1	BUREAU V. S.				
Other contributory c	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

-WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O			Registration Dist. No. 96	
Village or C	ity Veterans	(II	cilinty, Perry Point, Maryland . St., death occurred in a hospital or institution, give its NAME instead of street and no 10 ds. How long In U.S. if of foreign birth?	umber)
2. FULL NA	ME ARNOLD,	William A. sylvania Ave. Westr	If U. S. Veteran, specify WAR World	
		(Usual place of abode)	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	State
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH	
	whi te	Single	(Month) (Oey)	193.7 (Yeer)
5a. If married, widow HUSBANO of (or) WIFE of	ed, or divorced		22. HEREBY CERTIFY, Thet ettended d Se ptember 4 ,1935 to April 15	eceased fro
6. DATE OF BIRTH 7. AGE Yea		Days If LESS then 1 day,hrs.	to have occurred on the date steted above, at 9:30 A.M.	
_ 8. Trade, profe	ssion, or particular	labore r	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: General Paralysis of the Insane	Date of one
9. Industry or work we SAW MII	work done, as SPINNER, BOOKKEEPER, etc business In which s done, es SILK MILL, L, BANK, etc ed lest worked at pation month and	11. Total time (years) spent in this occupation Lunknov		
12. BIRTHPLACE (ci	ly or town) Maryla		Other Contributory Causes of importance: Syphilis	ınkno
13. NAME	Albert R. An	nold		
14. BIRTHPLACE	(city or town) unki		Neme of operation—Clinical & laboratory What test confirmed diegnosis?—reports——Was there en au	tonev2Ye
15. MAIDEN NA	ME Annie Ar	nent	23. If death was due to externel causes (VIOLENCE) fill in elso the following:	
	(city or town)unki	a own	Accident, suicide, or homicide? Dete of injury O Where did Injury occur? OO	
17. INFORMANT (Address)	Hospital re	eords	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CE.
18. BUNTAL, CREMA Place Wes		Oate April 15 137	Manner of Injury	
19. UNOERTAKER (Address)	Y Bankaro &	Son Man Wand.	24. Was disease or Injury In any way related to occupation of deceased?N	C.E.
20. FILEO	117,1937	J. Sandon Registras.	(Signed) C.F. DAVIS, M.D., Clinical Director (Address Wet Adm. Facility, Perry B	ector

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To be complete, an occupation return must state:

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
						M A

N. B.-

1. PLACE OF DEATH	——————————————————————————————————————
County Cecil	Registration Dist. Np. 9/
Village Dr City Chesupake City (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1 0	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Gorge W Juggs	The or or rectally specify work
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Or down	21. DATE OF DEATH Office /6 ,193 (Year)
5a. If married, widowad, or divorced	(Val)
HUSBAND of Jama Laggo	22. Jehrs BY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Off 30 1858	i last saw h Amaliva on april 10, 1937; death is said
7. AGE Yaars Months Deys if LESS than	to heve occurred on the dete steted above, et. 4-15 A-m.
78 11 16 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, Retired France	Cardin Tascula.
S. Hede, professing, of perturbations with the service of the serv	A deserge
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
Ct. 4 Cd RA	Dther Contributary Causes of importance:
(State or country) Many Land	Chronic Violataly
13. NAME James Bryge	
13. NAME 13. NAME 14. BIRTHPLACE (city or town) Checker Cely RD	Nama of operation Data of
(State or country) way loud	Whet test confirmed diagnosis? Cleurs Was there en europsy?
15. MAIDEN NAME hay faire Reed	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME han been Reed 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Dete of injury, 19
State or country) Wary Land	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mr. Jalue Whitem and (Address) Chasch will City	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Mannar of injury
Place Sethel Cereby Date Tr /8, 1937	Nature of injury.
19. UNDERTAKER 74. W. Pianin	24. Was disease or injury in any way related to occupation of deceesad?
(Addrass) Eletton 2nd	If so, specify
20, FILED 4/18 19.37 B. H. Brown	(Signed) Lley UDars M.D.
Registrar,	(Address) Une speake Cliff

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	31.07
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S. II			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			110000

STATE OF MARYLAND-CERTIFICATE OF DEATH

County Dear		Registration Dist. No. 93	
Village or City Dolora	***************************************	NoSt.,	Wa
vinage of ongs.	(If	death occurred in a hospital or institution, give its NAME instead of street	and number)
Length of residence in city or town where death of	occurred 20 yrs mos	ds. How long in U.S. if of loreign birth?yrs	mos
2. FULL NAME John +	Jawly Black	hun Salf U. S. Veteran, specify WAR	
(a) Residence: No. bolora		St., Ward,	
	(Usual place of abode)	If nonresident give city or town	
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATI	Н
2011	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193(Yyrar
ia. If married, widowed, or divorced HUSBAND of Rulea Bla (or) WIFE of Rulea Bla	ekbura.	22. I HEREBY CERTIFY, That It attended to the state of th	idad deceased 1
PATE OF BIRTH (mostly day and mass)	14 1849	Hast saw ham alive on Am 13 7 19	37 · death is
6. DATE OF BIRTH (month, day, and yaar)	Days If LESS than	to have occurred on the data stated above, at 5 - 9 m.	7-,000
8-8	//a 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	/ ormin.	ware as follows:	Date of o
8. Trada, prefassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	tired	Mary 1/1/4 mans	10
9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			1/2
			7
10. Date deceased last worked at this occupation (month and	11. Total tima (years) spent in this		
yaar)	occupation	Other Contributory Capies of Importance:	
12. BERTHPLACE (city or town) Plack B	Mong.	10 Agantagan	
(State or country)	11	J Carrigation	
13. NAME fames U. "Bl	dekoun.	· · · · · ·	
4 14. BIRTHPLACE (city or town)		Nama of oparation Date	of
(State of country)		What tast confirmad diagnosls? Was thera	an autopsy?
15. MAIDEN NAME & uson.		23. If daath was due to external causes (VIOL ENCE) fill in also the follo	wing:
16. BIRTHPLACE (city or town)		Accidant, sulcide, or homicida? Date of injury	, 19
(State or country)	//	Whare did Injury occur? (Specify city or town, county and	. C
17. INFORMANT John Blag (Address) Dolora mo	storen fr.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	2000 / 2	Mannar of Injury	
Place West Platterstown Da	te 77 ay. 5 ,193/	Natura of injury	
19. UNDERTAKER L. E. Juson.		24. Was disaase or injury In any way ralated to occupation of deceased	?
(Address) Riving Sier	Ind.	If so, specify	
ON FILED 37/ 32		(Signed)	
20. FILED 19 19	Registrar.	(Address) Phi Appoint	177

B.-WRITE PLAINLY, WITH UNFADING INK-THIS V. S. No. 1

should state

A PERMANENT RECORD. Every item of infor-PHYSICIANS

stated EXACTLY. properly classified.

mation should be carefully supplied.

AGE should be

FOR BINDIN

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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3.17			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1. PLACE OF DEATH		210-9/	
	County Ceel	MIN CORPORATE LIMI	Registration Dist. No. 9	
	Village or City Leklon		No. Olivion Hospital St.	Ward
			death occurred in a horpital or institution, give its NAME instead of street and numb	
1	Length of rasidanca in city or town whera death	occurradyrsmos	How long In U.S. If of foreign birth?yrsmos	ds.
	2. FULL NAME	, Doddy	If U. S. Veteran specify WAR 1022	
- 100	(a) Residence: No.	/	St., Ward. Jersyvelle 70 If nonegident give city or town and State	<u>.</u>
-	PERSONAL AND STATISTICA	(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH	e
-			21. DATE OF DEATH A . A .	
10	3. COLOR OF RACE S.	SINGLE, MARRIED, WIDOWED, OR DOVORCED (write the word)	april 199	37
X	. If married, widowed, or divorced	Ringle	(Month) (Day)	(Yaar)
34	HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, Jhat I attended dace	ased from
-	(01) 11112 01		Chil 5, 1937 to april 5	1937
e 6.	DATE OF BIRTH (month, day, and year)	4/2/920	11/2	eth is said
certificate	AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 826m.	
	16 11	23 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	te of onset
N	8. Trade, profassion, or particular kind of work dona, es SPINNER	0 12	Temorlage & Shock	
TION	JAMIEN, DUDNINGEREN, BILL SELVES	ral Dog	from Crishes leg	
back CUPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		0	
	1D. Data decaasad last worked et	11, Total tima (years)		
instructions on	this occupation (month end	spent in this occupation		
Ion	Con	ruman	Other Coatributary Causes of Importance:	
not 12	S. BIRTHPLACE (city or town) (State or country)	mel	and the same of th	
R	13. NAME B = 0 00 11 1 1	30110		
			Neme of operation Date of	
FAT	14. BIRTHPLACE (city or town)	Co mdi	What test confirmed diegnosis? Was there an autop	nev?
ER ER	15. MAIDEN NAME Walke	Bodalu	23. If deeth wes due to externel causes (VIDL ENCE) fill in also the following:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
EIT	10	in Es	Accident suicide or homicide? accident Date of Injury of	1937
MOT	16. BIRTHPLACE (city or town)	in Ind,	Where did injury occur? by U.S. 40 bet north East & Pary	will
E -	- Calan Br	I la a	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
very	7. INFORMANT DE COMPANY (Address)	Ind'		
A 18	B. BURIAL CREMATION OR REMOVAL	80.:0=	Manner of Injury automobile Struck School bus	
S	Place / Joan Ma	10 Suf 8, 193)	Natura of Injury Crushes leg	
TION	Je Tun	24 1	24. Was disease or Injury In any way ralated to occupation of daceased?	
E I	9. UNDERTAKER (Address)	un mo.	If so, specify	
	4/7- 32/2	aus Frances	(Signed) Herbarbole	M. D.
20	O. FILED.	Registrar.	(Address) Tekton and	
George Co	If more blan	ks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

stated EXACTLY. PHYSICIANS should state properly classified. FOR BINDIN WITH UNFADING INK-THIS MARGIN RESERVED be AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.—WRITE P

of OCCUPA-

Exact statement

PERMANENT RECORD. Every item of Infor

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MAY 5 1937			
Other contributory causes of importance: V. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	FOR FURTHER S	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4071
1. PLACE OF DEATH	<u> </u>
County Ce cil WITHIN CORPORATE LIMITS &	
Village or City Elector	No. Muron Hospital St. Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
A I B	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Daby Downed	SLICLOTTU.S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 4 (7) -/6 , 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of	7.7.
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
0/ 1/ 1937	I last saw has alive an Deud and 192; death is safe
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 4.24m.
1 day, hrs. or	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc	
skind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	Julian
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Elkton	Other Contributory Causes of importance:
(State or country) Many Land	
13. NAME Nottrancel Source	
13. NAME Pottravel Downe 14. BIRTHPLACE (city or town) Peterswille	Name of operation Date of
(State of country)	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Lestrule Libson 16. BIRTHPLACE (city or town) Electory (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Nothand Bowie	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Silva Colored Courte Date Jan 17 , 193	Manner of Injury
19. UNDERTAKER 74. W. Pispin (Address) Elithus Turk	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1/17 1936 & Brain Frage	(Signed) M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY 5 1937	July 5, 1927	Perilonitis	3 days ago	
SUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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4072

1.	PLACE OF DEAT				93-20
	County Ceci	~ ~ ~ ~ ~ ~	3.9		Registration Dist. No.
	Village or City			5	No. Almshouse St., Wa death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
1				Serritos	
2.	FULL NAME	Joseph	Crippet		If U. S. Veteran, specify WAR
	(a) Residence: No	DEGIT	(Usual place	alm shoulse	St., R. D. Ward. If nonresident give city or town and State
	PERSONAL AND	STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SE	4. COLOR Whi	OR RACE	5. SINGLE, MAI	RRIED, WIDOWED, D (write tha word)	21. DATE OF DEATH April 25th, 1937. (Month) (Day) (Yeer)
5a. 1f	merried, widowed, or divorce	cad			
	(or) WIFE of Ella	Amy Bake	r		22. I HEREBY CERTIFY, Thet I ettended deceased from May 9,1932 1932 19 to April 25th,1937e
6 D4	TE OF BIRTH (month, day,	end year) Dec	-11th.18	53.	lest sew h im alive on April 19,1937. 19 ; daeth is st
7. AG		Months	Days	If LESS than	to have occurred on the data stated above, at 6 . 30 Pm.
	83	4	14	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
Z	8. Trade, profession, or per kind of work dona, e SAWYER, BOOKKEEP	ticuler			Chronis myocerditis before 1933
0	work wes dona, as SI SAW MILL, BANK, et to 0. Data deceesed last work this occupetion (mont yeer)	ed at h and	occ	time (years) Int in this Upation	Other Contributory Causes of Importanca: Senility
M 1	3. NAME Henry C	rippet			
FATHER	4. BIRTHPLACE (city or tow (Stata or country)	n) Unk	no:m	~~~~	Name of operation Deta of What test confirmed diagnosis? Wes there an autopsy?
וא	5. MAIDEN NAME M	ary Gose	ling		23. If death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary Goseling 16. BIRTHPLACE (city or town) Unknown (Steta or country)			novm		Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19
17. 11	FORMANT his sel	f.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. B	IRIAL, CREMATION, OR RE	MOVAL Horice	Date of	27 19 57	Manner of Injury
19. U		7		/ /	Netura of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	113	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chamin interestitial manhattic	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY 5 1937	July 5,1927	Peritonitis	3 days ago	
SUREAU V. S.		A		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPA-	
	of i	pln	1006	
	item	sho	of	1
M)	rery	ANS	nent	
	D. E	SICI	taten	
	COR	PHY	ict s	
	r RE	Y.	Exa	
9	ENJ	TL	ied.	
TON	MAN	AC	lassif	
BIL	PER	田	·ly c	ate.
MARGIN RESERVED FOR BINDIN	SA	tated	roper	TION is very important. See instructions on back of certificate.
Ü	IIS	be s	be p	of ce
RVE	-TI	plno	nay	ack
SE	INK	Sshe	t it 1	on k
RE	NG	AGI	tha	ions
GIN	FADI	ied.	18, SC	truct
IAR	UNI	uppli	tern	e ins
A	ITH	illy s	plain	. Se
9	, W	arefu	H in	rtant
	NE	be c	ATL	m po
	PLA	pluc	F DI	ery i
	TE I	n she	E O	is v
	WRI	ation	AUS	NOI
V. S. No. 1	B.—	H	0	T
> S3	ż			

1. PLACE OF DEATH_				
County Lecel	WITHIN CORPORATE LIM) http://	Registration Dist. No.	12
Village or City Elktor		No	on, give its NAME instead of street	and number)
Length of residence in city or town where de		ds. How long in U.S. if of		
2. FULL NAME alice	e 5 Drew	ueu If U. S. Veteran,	specify WAR	
(a) Residence: No.		St., Ward,		
(4) (10014011001110111111111111111111111111	(Usual place of abode)		If nonresident give city or town	n and State
PERSONAL AND STATISTIC	CAL PARTICULARS		RTIFICATE OF DEAT	Н
Temale 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Mil 22 (Month) (Day)	, 193_7 (Year)
a. If married, widowed, or divorced	9			
(or) WIFE of Manly	Drewen			nded deceased fr
J.	- 12 1855	I tast saw h. W. alive on Q	101-	57 : death is s
. DATE OF BIRTH (month, day, and year) Tale. AGE Years Months	Days If LESS than	to have occurred on the date stated	11300	erara, death is s
82 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT		
8 Trade profession or particular	/ O ormin.	were as follows:	lemenhase	Oate of on:
kind of work done, as SPINNER, CSAWYER, BOOKKEEPER, etc.	+ Home			7
9 Industry or business In which				
work was done, as SILK MILL, SAW MILL, BANK, etc		-		
tina occupation (month and	11. Total time (years) spent in this			
year)	occupation	Other Contributory Causes of Impo	tance:	
2. BIRTHPLACE (city or town)	unglow			
(State or country)	L CO			
13. NAME Cluber 14. BIRTHPLACE (city or town) 14. (State or country)	Jonnell			
14. BIRTHPLACE (city or town)	- formalin	Neme of operation	Date	of
(State of country)	rada	What test confirmed diagnosis?	Was then	e an autopsy
15. MAIDEN NAME Rosa 73 16. BIRTHPLACE (city or town) 7	atthewson	23. If death was due to external cause	ses (VIOLENCE) fill in also the foll	owing:
16. BIRTHPLACE (city or town)	formation		Date of injury	, 19
(State or country)	cata	Where did injury occur?	(Specify city or town, county an	d State)
7. INFORMANT / COS	ristable	Specify whether injury occurred In	INDUSTRY, In HOME, or in PUBLI	C PLACE.
(Address) Electron 5. 8. BURIAL, CREMATION, OR REMOVAL	rud			
Place Elkton Center	Date Of 26, 1937	Menner of injury		
9. UNOERTAKER 74 - CC / (Address) Elitoria	ind .	24. Was disease or injury in any wa		d?
0. FILED CEPV 16, 1937 9	naun Frange	(Signed) A. (Address) El	Morrison	N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago.	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BARREAT V. S.				
Other contributory causes of importance:	1 540 5	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		<u> </u>		

ADDITIONAL SI	PACE FOR FURTH	ER STATEMENTS I	BY PHYSICIAN	

N. B.

Length of residence In city or town where death occurred 6 yrs. 4 mos. 18 ds. How long In U.S. if of foreign blirth? yrs. mos. ds. How long In U.S. if of foreign blirth? yrs. when long In U.S. if of foreign blirth? yrs. when long In U.S. if of foreign blirth? yrs. when long In U.S. if of foreign blirth? yrs. mos. ds. How long In U.S. if of foreign blirth? yrs. mos. ds. How long In U.S. if of foreign	1. PLACE O	F DEATH					
Clical place of incity or town where death occurred. 6 yrs. 4 mor. 18 ds. How long in U. S. if of foreign birth? yrs. mos. d. d. How long in U. S. if of foreign birth? yrs. mos. d. d. How long in U. S. if of foreign birth? yrs. mos. d. d. How long in U. S. if of foreign birth? yrs. mos. d. d. How long in U. S. if of foreign birth? yrs. mos. d. d. How long in U. S. if of foreign birth? yrs. mos. d. d. How long in U. S. if of foreign birth? yrs. mos. d. d. How long in U. S. if of foreign birth? yrs. mos. d. d. How long in U. S. if of foreign birth? yrs. mos. d. d. How long in U. S. if of foreign birth? yrs. mos. d. d. How long in U. S. if of foreign birth? yrs. mos. d. d. How long in U. S. if of foreign birth? yrs. mos. d. d. How long in U. S. if of foreign birth? yrs. mos. d. How long in U. S. if of foreign birth? yrs. mos. d. How long in U. S. if of foreign birth? yrs. mos. d. How long in U. S. if of foreign birth? yrs. d. d. How long in U. S. if of foreign birth? yrs. d. d. How long in U. S. if of foreign birth? yrs. d. d. How long in U. S. if of foreign birth? yrs. d. d. How long in U. S. if of foreign birth? yrs. d. d. How long in U. S. if of foreign birth? yrs. d. d. How long in U. S. if of foreign birth? yrs. d. d. How long in U. S. if of foreign birth? yrs. d. d. How long in U. S. if of foreign birth? yrs. d. d. How long in U. S. if of foreign birth? yrs. d. d. How long in U. S. if of foreign birth? yrs. d. d. How long in U. S. if of foreign birth? yrs. d. d. How long in U. S. if of foreign birth? yrs. d. d. How long in U. S. if of foreign birth? yrs. d. d. How long in U. S. if of foreign birth? yrs. d. d. How long in U. S. if of foreign birth? yrs. d. d. How long in U. S. if of foreign birth? yrs. d. d. d. d. how long in U. S. if of foreign birth? yrs. d. d. d. d. d. d. how long in U. S. if of foreign birth? yrs. d.	County	Cecil			Registration Dist. No. 96		
2. FULL NAME DUFTY, Goorge B. If U.S. Veteran, specify WAR WORLD (a) Residence: No. 2111 West Vine Street, Palt imore, Md. Ward. (Clustalpace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE MDICAL CERTIFICATE OF DEATH 25. If Merried, widowed, or divorced (a) No. 193				(1)	death occurred in a hospital or institution, give its NAME instead of street and n	umber)	
(a) Residence: No. 2111 West Vine Street, Balt imors, Ma. Ward. (Casal place of abode) PERSONAL AND STATISTICULARS 3. SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single 21. DATE OF DEATH 22. I HER EBY CERTIFY, Thet I attended deceased from the street of the stree	Length of resi	dence in city or town where	death occurred6	yrs4mos	ds. How long In U.S. if of foreign birth?yrsmos	sds.	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Male Valite Single S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) Son It married, widowed, or divorced HUSBAND HUSBAND HUSBAND ADTIL 23 193.7 (Month) (Dey) (Year) 10 Dec and at 1 1930 to April 25 1937 Itest saw h. im. elive on. April 25 1937 Itest saw h. im. elive on. April 25 1937 Itest saw h. im. elive on. April 25 1937 Itest saw h. im. elive on. April 25 1937 Itest saw h. im. elive on. April 26 1937 Itest saw h. im. elive on. April 27 1937 Itest saw h. im. elive on. April 26 1937 Itest saw h. im. elive on. April 27 1937 Itest saw h. im. elive on. April 27 1937 Itest saw h. im. elive on. April 26 1937 Itest saw h. im. elive on. April 27 1937 Itest saw h. im. elive on. April 27 1937 Itest saw h. im. elive on. April 27 1937 Itest saw h. im. elive on. April 27 1937 Itest saw h. im. elive on. April 27 1937 Itest saw h. im. elive on. April 27 1937 Itest saw h. im. elive on. April 27 1937 Itest saw h. im. elive on. April 27 1937 Itest saw h. im. elive on. April 28	2. FULL NA	ME DUFFY	. Ge org	e B.	If U. S. Veteran, specify WAR World		
3. SEX male 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR Divorced white word) 59. If male white Single 21. DATE OF DEATH April 25	(a) Residen	ce: No. 2111 West	Vine Str	eet, Balti	MO 181. M. Ward. If nonresident give city or town and S	Stale	
male white OR DIVORCED Currice the word) 56. If merried, widowed, or divorced HUSBARD of Corp. Williams and the properties of the propert	PERSON	IAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
HUSBAND of (or) WIFE of 1 5. DATE OF BIRTH (month, day, and yeer) Dec. 27, 1885 7. AGE Yeers Months Deys If LESS then 1 day, hrs. 51 3 27 or, min. 8. Trade, profession, or perticular kind of work done, as SPINNER, Leborer String or, min. 8. Trade, profession, or perticular kind of work done, as SPINNER, Leborer String or, min. 9. Industry or business in while sisk Mill. American Can Company 10. Date decessed lest worked at 11. Total time (yeers) spent install. his occupation prombles are supported by an about your decessed lest worked at 11. Total time (yeers) spent install. his occupation prombles are supported by a supported by a support of the date steed above, at 7: 45. DM 10. Date decessed lest worked at 11. Total time (yeers) spent install. his occupation prombles are supported by a support of the date steed above, at 7: 45. DM 10. Date decessed lest worked at 11. Total time (yeers) spent install. his occupation prombles are supported by a support of the date steed above, at 7: 45. DM 10. Date decessed lest worked at 11. Total time (yeers) spent install. his occupation prombles are supported by a support of the date steed above, at 7: 45. DM 10. Date decessed lest worked at 11. Total time (yeers) spent install. his occupation prombles are supported by a support of the date steed above, at 7: 45. DM 10. Date decessed lest worked at 11. Total time (yeers) spent install. his occupation of the decessed lest were as follows: 11. SIRTHPLACE (city or town) 12. BIRTHPLACE (city or town) 13. NAME Unknown — deceased 14. BIRTHPLACE (city or town) 15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) 17. INFORMANT — Hospital records 18. BURNANTOR FOR REMOVAL Place Balt importe, Md. Date April 25 19. 37 Nemer of injury in any way reflect to occupation of decessed? NO 24. Was disease or injury in any way reflect to occupation of decessed? NO			OR DIVORCE	D (write the word)	April 23	193. 7	
Decarber 11 1530 to April 23 157. 6. DATE OF BIRTH (month, day, and yeer) Dec. 27, 1885 7. AGE Yeers Months Deys If LESS then 1 day, int. of the Principal Control of the date steted above, at 7:45 PM. 8. Trade, profession, or perticular stands of work done, as SPINKER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, American Can Company 10. Date deceesed lest worked at this occupation funds above year? ADDIN 1928 11. Total time (yeers) spent in this post in thi	5e. If merried, widow	red, or divorced					
6. DATE OF BIRTH (month, day, and yeer) Dec. 27, 1885 7. AGE Yeers Months Deys ITLESS then Iday, hrs. or min. 8. Trade, profession, or perticular standard of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, American Can Company SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, American Can Company Spentin this occupation, from the gastric ulcer 4-23-37. 1. Date decessed lest worked at the second spent of the second spent in this occupation, from the gastric ulcer 4-23-37. 2. BIRTHPLACE (city or town) Baltimore, Md. 11. Total time (yeers) spent in this occupation, from the gastric ulcer 4-23-37. 3. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 4. Was disease or injury in any way reflect to occupation of deceased No.	(or) WIFE of	W-w					
7. AGE Yeers Months Deys If LESS then 1 day,	S DATE OF BIRTH	(month day and year). D	en. 27 1	225			
State or country						, death 13 said	
B. Trade, profession, or perticular kind of work done, as SPINNER, Leborer SAWYER, BOOKEEPER, etc. Industry or business in which work was done, es SPINNER, SAW MILL, BANK, etc. Industry or business in which work was done, es SPINNER, SAW MILL, BANK, etc. It is occupation (month and year) It is occupation (month and year) It is occupation (month and year) It is part in this occupation (month and year) It is printed (city or town) (State or country) Baltimore, Md. It is is in elso the following: It is maiden name Unknown — deceased It deeth wes due to extend causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? — Date of injury — 19 — Many name of injury — 19 — Neture of injury — 19 — Netu	5	3	27		The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance		
J. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Data decessed lest worked at this occupation (month and year) ADDIN 1928 11 Tel time (yeers) spent in this spent in this occupation (month and year) ADDIN 1928 11 Tel time (yeers) spent in this spent in this occupation (month and year) ADDIN 1928 11 Tel time (yeers) spent in this spent in this occupation (month and year) ADDIN 1928 11 Tel time (yeers) spent in this spent in this occupation (month and year) ADDIN 1928 11 Tel time (yeers) spent in this spent in this spent in this occupation (month and year) ADDIN 1928 12 BIRTHPLACE (city or town)	8 Trade profes		1	t ormin.	-	Date of onset	
Depond to the contributory Causes of importance: 10. Dato deceased lest worked at its occupation (month and year) 1. Total time (yeers) 1. Spant in this occupation (month and year) 1. Total time (yeers) 1. Total	kind of v	vork done, as SPINNER, BOOKKEEPER, etc	Laborer		Day to A Section 1		
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	9. Industry or	business in which		0			
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	SAW MIL	L, BANK, etc.					
Other Centributory Causes of importance: Denontia Pracox, Heberh enic type Unknown 13. NAME Unknown - deceased 14. BIRTHPLACE (city or town) unknown (State or country) 15. MAIDEN NAME Unknown - deceased 16. BIRTHPLACE (city or town) Unknown (Stete or country) 17. INFORMANT Hospital records (Address) 18. BONNAL CREMENTOR OF REMOVAL Place Baltimore, Md. Date April 25, 19 37 Neture of injury in env way reflect to occupation of deceased? 24. Was disease or injury in env way reflect to occupation of deceased? No	this occu	pation (month and	spe	ntin this			
(Stete or country) 13. NAME Unknown - deceased 14. BIRTHPLACE (city or town) unknown (State or country) What test confirmed diagnosis? Pe ports 180 ore for wes there en eutopsy? No 15. MAIDEN NAME Unknown - deceased 16. BIRTHPLACE (city or town) Unknown (Stete or country) (Stete or country) 17. INFORMANT Hospital records (Address) (Address) 18. BUNNAL, CALIMATION, OR REMOVAL Place Baltimore, Md Date April 25 19 37 Neture of operation Laparot only What test confirmed diagnosis? Pe ports 180 ore for ywes there en eutopsy? No 23. If deeth wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Neture of injury	year) A				Other Contributory Causes of importance:		
13. NAME Unknown - deceased 14. BIRTHPLACE (city or town) unknown (State or country) 15. MAIDEN NAME Unknown - deceased 16. BIRTHPLACE (city or town) Unknown (Stete or country) 17. INFORMANT Hospital records (Address) 18. BORNAL, CREMATION, OR REMOVAL Place Baltimore, Md. Date April 25, 19 37 Neture of operation Laparot OMY What test confirmed diagnosis? Pepolits Ora tory Wes there en eulopsy? No 23. If deeth wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury Occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Menner of injury Occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. No Neture of Injury Occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 24. Was disease or injury in any way refiled to occupation of deceased? No		,,	imo re, Mo	•			
14. BIRTHPLACE (city or town) unknown (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Unknown (Stete or country) 17. INFORMANT (Address) 18. BUNAL, CREMATION, OR REMOVAL Place Baltimore, Md. Date April 25, 19 37 Neme of operation. Laptaro tomy What test confirmed diagnosis? To politis West there en eulopsy? No 23. If deeth wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of 423-37 What test confirmed diagnosis? To politis West there en eulopsy? No 24. Was disease or injury in env way reflect to occupation of deceased? No	1 71				<u>u</u>	known	
What test confirmed diagnosis? Pepoffs Westhere en eulopsy? No 15. MAIDEN NAME Unknown - deceased 16. BIRTHPLACE (city or town) Unknown (Stete or country) 17. INFORMANT Hospital records (Address) 18. BURNAL, CREMATION, OR REMOVAL Place Baltimore, Md. Date April 25, 19 37 Neture of Injury 24. Was disease or injury in any way reflect to occupation of deceased? No	13. NAME						
What test confirmed diagnosis? Pepoffs Westhere en eulopsy? No 15. MAIDEN NAME Unknown - deceased 16. BIRTHPLACE (city or town) Unknown (Stete or country) 17. INFORMANT Hospital records (Address) 18. BURNAL, CREMATION, OR REMOVAL Place Baltimore, Md. Date April 25, 19 37 Neture of Injury 24. Was disease or injury in any way reflect to occupation of deceased? No	14. BIRTHPLACE	(uit) or tonny	OWD		Neme of operation Laparot cony Dete of 4	23-37	
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17. INFORMANT HOSPI tal records (Address) 18. BUMAL, CARLMATION, OR REMOVAL Place Baltimore, Md. Date April 25, 19 37 Neture of Injury	(Stete or						
Place Baltimore, Md. Date April 25 , 19 37 Neture of Injury	(Address)		ords		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.	
24. Was disease or injury in any way retained to occupation of deceased? NO			Date Apri	11 25 19 37		*****	
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of decessed? NO (Address) Hayper de Green Mid. If so, specify	/	9	100		27		
(Address) Hayper de grace and If so, specify	19. UNDERTAKER	THE THIRD IN THE SECOND AS A S	MM	6	00//	0	
	(Address)	axper de Grage	Mid		The Reach KIVI		
20. Files 2 A 193, 19 & J. Sandar Scient Campbell M.D. Manager M. (Address) Vet Adm. Fecil 1 ft Perry Point	20. FILED Q 2 A	193 19	JI X	An		M. D	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	i	Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 50 F C F W F D	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY & 1927	July 5,1927	Peritonitis -	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			Harris I	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
						0 8

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH Powland	1.
infor- state UPA-	1. PLACE OF PEATH	82-00	75
P \	County Clark	Registration Dist. No. 95	4 67
\ HE32	Village or City Tising Alim	No. St.,	Ward
= 0 /	1 1 y (16	dean occurred in a notification institution, give as IVAIVIC instead of street and number	7)
NS NS	Length of residence in city or town where death occurredmos.	ds. How long In U.S. if of foreign birth?	ds.
D. Every	2. FULL NAME SALLE C, TISE	1f U. S. Veteran, specify WAR	
D. SIG	(a) Residence: No. Resing Sum, Ind	St.,Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
RECT. PE	3. SEX 4. COLOR OR KACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR KACE 5. SINGLE, MARRIED, WIDOWED, PR DIVORCED (write the world)	21. DATE OF DEATH april 24	2
N L S	female sofule margie	(Month) (Oay) (X	(ar)
MANENT A CTLY assifted.	75e. If married, widowed, or divorced HUSBANB of	22. I HEREBY CERTIFY, That I attended decease	ed from
MA MA ass	(or) WIFE of Harry E. Tustier	april 4 ,1937, 10 april 24 ,19	-
BIND PERMA EXA ly class	6. DATE OF BIRTH (month, day, and year) July 25, 18 72	I last saw ber alive on afro 23 ,1937; death	h is said
	7. AGE Years Months Oays If LESS than	to have occurred on the date steted above, at 2 /t m.	
FOR IS A I stated properl	64 8 30 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
F(S IS sta pro pro	8 Trade profession or particular	Therete Paralysis (unitatival as	of onset
ED HIS pe pe of of	SAWYER, BDOKKEEPER, etc. Youver	of left site, do To shealt	y
	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Out of SAW MILL, BANK, etc. 10. Date deceased lest worked to this operation than spend in this saw this operation than spend in this saw of the same o	Theregoranz of brain	
SERV NK-T should it may n back	SAW MILL, BANK, etc.	1 7.5	
INK INK E sh t it	- I this deposit in the second		
ARGIN RESTANTABLING INPRINCE IN AGE	year Manager occupation occupation	Other Contributory Causes of importance:	
A 7 . H	12. BIRTHPLACE (city or town)	Central humorrage of ap	21/37
GI 'Al ied.	(Stete or country)	brain apaplyly	
MARGIN I UNFADI supplied. n terms, so	13. NAME William Wheetson 14. BIRTHPLACE (city or town) Ser Melosis (R. W.		
MA H U Sul See	4 14. BIRTHPLACE (city or town) Sarthellout O.M.	Name of operation No operation Dete of	
I is	(State of country)	What test confirmed diegnosis? Was there an eutopsy	210
PLAIMLY, WITH nould be carefully OF DEATH in pla very important.	15. MAIOEN NAME Chris Australia (State or country)	23. If deeth was due to external causes (VIDLENCE) fill in also the following:	
Y, Y, HH DITTS	0 16. BIRTHPLACE (city or town) Landon Our	Accident, suicide, or homicide?Date of Injury	9
ALMLY, Id be can DEATH y import	(Stete or country)	Where did Injury occur? (Specify city or town, county and State)	
d la	17. INFORMANT Yarry & Tyokree,	Specify whether injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.	
Should OF D.	(Address), Allowy Sun, Jud		
S S E	18. BURIAL, CAEMATION, DR REMOVAL	Manner of injury	
WRITE mation s CAUSE TION is	Date of the last o	Nature of Injury	
-WRITH mation CAUS.	19. UNDERTAKE Lee a. Vallerson,	24. Was diseese or injury in any wey related to occupation of deceased?	
B. B.	(Address) Perryville, and.	If so, specify	
vi I	20. FILED AND 26-19 37 19 3	(Signed) Correct for land	M. D.
2	LONVIVIUM Registrar.	(Address) _ Lwilly From ma	
comus o	Sind aprol - Hogory lacks of needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis FEIVED	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1931	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			7	

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Cecil County Registration Dist. No. 96 Village or City Perry Point, Maryland No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number) 2. FULL NAME FLAHERTY. Walter S. If U. S. Veteran, specify WAR Forld (a) Residence: No. 1326 - 36th St., N.W., Wash., D.G. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wh i te last rried male 5a. If marriad, widowed, or divorcad HUSBAND of I HEREBY CERTIFY. That I attended deceased from Mrs. Elayne Flaherty March 3, 1937 19 to Apr il 21 1937 I last saw him_alive on_April_21-_____, 19.37; death is said March 6. 1898 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 3:55 P.M. 7. AGE If LESS than Months Days 1 day, _____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 15 39 or____min. Date of enset 8. Trada, profession, or particular kind of work done, as SPINNER, Tumor of brain unkhown Stationary OCCUPATION Engineer From the course of the disease, the tumor SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... 10. Data daceasad last worked at 11. Total tima (years) this occupation (month and yaar) Fall of 1936 spent in this occupation unkno wn Probable duration 2 Eisknown. Other Contributory Causes of Importance; Kalumet. Michigan 4-21-37 12. BIRTHPLACE (city or town) Cerebral hemorrhage (State or country) HER unkno wm 13. NAME FAT 14, BIRTHPLACE (city or town) unknown (Stata or country) unknown MOTHER 23. If death was due to external causes (VIOLENCE) fit! In also the following:

15. MAIDEN NAME 16, BIRTHPLACE (city or town) unknown

Hospital records 17. INFORMANT ___ (Address)

(Stata or country)

18. BURIAR CREMATION OR REMOVAL Place Washington, D.C. Data April 22 19 37

Nature of Injury. 24. Was disease or Injury in any way related to occupation of decaased?__ If so, spacify

Spacify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Signed)

Accident, suicide, or homicida? ______ Date of Injury______, 19_____

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Where did injury occur?_____

Manner of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street ear 1921 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDIA

V. S. No. 1

ż

20. FILED

ds. How long in U.S. if of foralgn birth?yrs	ds.
If U. S. Veteran, specify WAR.	•••
St., Ward.	
If nonresident give city or	
MEDICAL CERTIFICATE OF DE	ATH
21. DATE OF DEATH 4 - //	7
(Month) (Day)	(Year)
maich 10,1937, to april	11 ,13)
lest saw han alive on Opine 18	, 19도 /; death is said
to have occurred on the data steted above, at _6_3_Am.	
The PRINCIPAL CAUSE OF DEATH and related causes of importa werp es follows:	Date of onset
10	
Def Revenue Corde	0 -
Epsela rend	7
Λ	
desease	
Other Contributory Causes of Importance:	
()	,
Theune offuse	2 weeks
UV	
	Dete of
What test confirmed diagnosis? Was	there an autopsy?
23. If deeth was due to external causes (VIOL ENCE) fill in elso the	following:
Accident, suicide, or homicide? Dete of Injur	ry, 19
Where did injury occur?	
(Specify city or town, count Specify whether injury occurred in INDUSTRY, in HOME, or in P	y and State) UBLIC PLACE.
Manner of injury	
Natura of Injury	
24. Was disease or Injury In any way related to occupation of dec	3
If so, specify	
(Signed) De Voca	no M n
(Address) Cheropeone	et u. 1
DATT N. Charlet Street Baltimore Requesting T. S. No. 7	7

Registration Dist. No.

If more blanks are needed, address State Registrar,

Registrar.

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WIREAU V. S.	4			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

95-6		0	
	Registration Dist. No	74	
No.		C+	Ward
death occurred in a hospital or institut	ion, give its NAME instead	of street and n	
ds. How long in U.S. if o	foreign birth?yr	s.'mo	sds.
			44
myer.		. 4.7	
St. Ward.			
Transfer of the second	If nonresident give city		State
MEDICAL CI	ERTIFICATE OF	DEATH	
21. DATE OF DEATH	2.6	.,	7
lety	(Month) (Da		193
\\	(month) (Da	(y)	(1661)
22. I HEREBY	CERTIEY That	t-1 attended o	deceesed from
1 2 les	1937, to Very	e ale	19.3.7
I last saw h le elive on	If nie 2%		: death is said
to have occurred on the date state	11110		17
The PRINCIPAL CAUSE OF DEAT	111	ortance	
were es follows:			Date of onset
1.0	www.	,	a/1220
armary 4	vilvore	-	
1			
Other Contributory Causes of Impo	rtance.		
	rtance.		la la
Cardine Hy		,	
V	person pros		
	·		
Name of operation		Date of	
What test confirmed diagnosis?	W	as there an a	u opsy? Luca
23. If death was due to external cau	ses (VIOLENCE) fill in elso	the following	
Accident, suicide, or homicide?	Date of Ir	njury	, 19
Where did injury occur?			
Specify whether injury occurred in	(Specify city or town, co	unty and State	() ()
opony wholes injury occurred in	mooth, in nome, or it	I TODE TO TEM	IVL.
Manage of Indiana			
Menner of injury			
Nature of injury			
24. Wes disease or injury in any w	ay related to occupation of o	deceased?	<u></u>
If so, specify	0		
(Signed) Co	· Lundie	eee	M. D.
(Address)	a Cumb.	und	

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis MAY 4 1931	1921	Run over by street car	1 week ago		
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
		6			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4079
1. PLACE OF DEATH	- (a)
County Bull	Registration Dist. No. 90
Village or City. Coleellon	No. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurred 4. Zyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME SURVINCE SURVA NO	over-
(a) Residence: No. Ceculton Ma. (Usual place of abode)	St., Ward. If nonresident give give give or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (**britch word) Tural S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (**britch word)	21. DATE OF DEATH Office 27, 193 7.
5a. If married, widowad, or divorcad HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) aug. 3 - 1870	Last saw h. La alive on Alfox 27 193); death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
6 8 94 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance ware as follows:
8. Trade, profassion, or particular kind of work done, es SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Olubral hunarrhays
work was done, es SILK MILL, Vacue	
O Date deceased lest worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) The rulmua	Other Contributory Causes of importance:
(State or country)	Gubaled,
	Carqua a wain
4. BIRTHPLACE (city or town) (Stete or country)	Nama of operation Deta of
15. MAIDEN NAME Jarlia mic Curdy	Whet test confirmed diegnosis? Wes there an au'opsy? Westhere an au'opsy?
16. BIRTHPLACE (city or town). Presented	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Whare did injury occur?
17. INFORMANT January (Address)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL Was Solling Tueling Date April 29,1937	Mannar of injury
19. UNDERTAKER AND CALLAGE (Address) Usa Olas Andrews	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 47. 78 , 1937 A O CV Resident	(Signed) Carlemene Cookson M. D. (Address) & Pailton And.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
My Man	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF	MARYL	AND-	CERTIFIC	CATE	OF	DEATH
	1111 41 4 1 1		OH:	~	- 1	

4080

1. PLACE OF DEATH		(148)		
County Cecil	WITHIN CORPORATE LIMIT	10 g	Registration Dist. No.	9-2
Village or City Election		No.	st.	. Ward
Langth of residence In city or town where concern the second seco		death occurred in a hospital or ins. How long in U.S.	litution, give its NAME instead of street If of foraign birth?yrs In, specify WAR If nonresident give city or town	mosds.
PERSONAL AND STATIST		MEDICAL	CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	april (9 (Month) (Day)	, 193 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Frankline	D. Kirk	22. I HEREE	BY CERTIFY, That I attai	ndad decaesad from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 3 7 8	Deys If LESS than 1 day,hrs. ormin.	I last saw h aliva on_ to have occurred on the date si The PRINCIPAL CAUSE OF DI ware as follows:	april 19,19.	2-7-; daath Is said
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	II. Total tima (yaars)	merperal ?	48)	
this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) Man	spent In this occupation	Other Contributory Causes of le	nportance:	
	Warms Ke sal			
13. NAME William 74 14. BIRTHPLACE (city or town) North N (Stata or country) Pa	rauliem Formach		Date	
15. MAIDEN NAME Van Elin State or country) 17. INFORMANT Translin D (Address)	Davis y Itill y loud Kink	23. If daath was due to axtarnal Accident, suicide, or homicide? Where did injury occur?	causas (VIOLENCE) fill in also tha follo	owing: , 19
18. BURIAL, CREMATION, OR REMOVAL Place Settles Lumber	Date Of 22, 193			
19. UNDERTAKER H. W. 19. (Addrass) Elston 7 20. FILED 4/2-2, 1937 4	Frank & Journe	24. Wes diseese or injury in en If so, spacify	y way ralated to occupation of dacesed	17

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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7	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	·		
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	YSICIAN	PH	BY	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL
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Registrar.

If more blanks are needed, address Sfate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registration Dist. No.	
No. William Hospital St.	Ward
ath occurred in a hospital or institution, give its NAME instead of street and	
ds. How long In U.S. If of foreign birth?yrs	.mosds.
leas If U. S. Veteran specify WAR	
	10.
St., Ward. Chesapeake Cott	nd State
MEDICAL CERTIFICATE OF DEATH	
1. DATE OF DEATH	
L - G' (Month) (Day)	193 7
(Month) (Day)	(Year)
2 I MEREBY CERTIFY. That I attands	d deceased from
manh 2 ,1337, to april of	1.37
	2.; death is said
1 lest saw nov = aliva on Q	.; death is said
to heve occurred on the date stated abova, at	
The PRINCIPAL CAUSE OF DEATH end related causes of importance ware es follows:	Date of onset
4	Date of onset
Hypertusin Cartio	
The scular revel	(C)
disease	1786
Other Contributory Causes of Importance:	
	700.4
Hemplegia	mary
	1937
Neme of operation Date of	
What test confirmed diagnosis? Church Was there a	n autopsy?
3. If death wes due to externel ceuses (VIOLENCE) fill in also the follow	
Accident, suicide, or homicide? Data of injury	, 19

24. Was diseese or injury invany wey releted to occupation of deceesad?

V. S. No.

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Example L			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUBEAU	July 5,1927	Peritonitis	3 days ago
	Annual of the second			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			·
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Chronic interstitial neg	hritis	1921			
Cerebral hemorrhage	MAY A 1937	July 5, 1927	Peritonitis	3 days ago	
	BUNEAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

certificate. jo on instructions See mportant C CAUSE TION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. If nenresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of IFY. That i ettended deceased from 6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Days If LESS than to have occurred on the dete stated above, et 1 day,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Fotel time (wears) this occupation (month and spent in this occupation _ 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town). Name of operation. (State or country) OTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: 16. BIRTHPLACE (city or town Accident, suicide, or homicide? Date of injury _____ 19_ (State or country) Where did injury occur?. (Specify city or town, county and State) 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting US. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage MAV 8 1997	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

If more blanks are needed, addrest State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

RESERVED ARGIN

(Year)

Oate of onset

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Example I	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	1.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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N RESERVED FOR BINDIN	DING INK-THIS IS A PERMANENT RECORD. Every item of infor-	. AGE should be stated EXACTLY. PHYSICIANS should state	so that it may be properly classified. Exact statement of OCCUPA-	
M	PE	田田	rly	216
FOR	IS A	stated	prope	portific
Q	HIS	be	pe	of.
SERVI	NK-T	plnods	it may	oftone on back of certificate.
3E.	G 5	GE	hat	0 34
Z	NI	A	so t	otio
			41	-

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County (if death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?______vrs._____mos___ Length of residence in city or town where death occurred. If U. S. Veteran, specify WAR **FULL NAME** (a) Residence: No If nonresident give city or town and State (Usua place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4 COLOR OR RACE OR DIVORCED (write he word) 5a. If married, widowed, or divorced HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) Months If LESS then to heve occurred on the dete steted above, et. 7. AGE 1 dayhrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance ormin. Oate of onset 8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. PATION 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... OCCUI 10. Date deceased last worked at 11. Totel time (years) 9 this occupation (nonth end occupetion . 12. BIRTHPLACE (city or town) (State or country) 13. NAME FAT 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Wes there an autopsy?... MOTHER 23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______, 19. 16. BIRTHPLACE (city or town) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR Neture of injury_____ 24. Wes disease or injury in eny wey releted to occupation of deceased? If so, specify.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis FCFVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY 6 1937	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Other contributory causes of importance:		Other contributory causes of importance:		
other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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OCCI

of

STATE OF MARYLAND	CERTIFICATE OF DEATH 4088
1. PLACE OF DEATH County Cecil WITHIN CORPORATE LIMITS O Village or City Elston	No. St. Ward
2. FULL NAME (a) Residence: No.	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?
(Usuai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Color Service the word)	21. DATE OF DEATH (Month) 30 ,193 7 (Yeer) 22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. Ormin. Normin. Nor was dona, as SPINNER,	I lest saw have a live on a live on less said to have occurred on the data stated above, at less of importance were as follows: One of the less of the less of importance were as follows: One of the less of importance were as follows: One of the less of importance were as follows:
10. Data deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	Other Coutributory Causes of importence:
13. NAME Benfame Piner 14. BIRTHPLACE (city or town) Jalena (State or country) May 1	Neme of operation Date of Whet test confirmed diagnosis? Wes there an eulopsy?
15. MAIDEN NAME In formation	23. if death was due to external causes (VIOLENCE) fill in eiso the following:

very important. 16. BIRTHPLACE (city or town) (Stata or country) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

Man

Registrar.

Nature of injury 24. Wes diseesa or loggry in any way related to occupation of deceased?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

If so, specify

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Cereorat hemorrhage	July 5,1927	Peritonitis	3 days ago	
MUNEAU V. S.	_1			
Other contributory causes of importance:	o entre Ko	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

484	STATE OF MARYLAND—	CERTIFICATE OF DEATH 4989
infor- state UPA-	1. PLACE OF DEATH	93-0
Occ on Id	county tell	Registration Dist. No.
item of should of OCC	Village or City Lort No Crost	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
at SS is		ds. How long In U.S. if of foreign birth?yrsmosds.
Every CIANS tement	2. FULL NAME Seresa O Sout	If U. S. Veteran, specify WAR
RD. YSI stat	(a) Residence: No. Jory M. e. Jacob. (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECO. PH. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HH	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (grize the word)	21. DATE OF DEATH (Month) (Oey) (Year)
A C T I assified.	5a. If married, widowed, or divosced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That Lettended deceased from
Z ZXT	1201/31 186.3	(last saw h.S.K. alive on
FOR BI IS A PE stated E properly certificate	6. DATE OF BIRTH (month, day, and years) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
OR s A F ated operl	73 3 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 00	8. Trade, profession, or particular kind of work done, as SPINNER Jauge work SAWYER, BOOKKEEPER, etc.	Channe Museunda 193
RESERVED G INK—THIS GE should be that it may be ons on back of	9. Industry or business In which	11.00
ER IK-	work was done, es SILK MILL, What work was done, es SILK MILL, What work worked, et and worked, et and worked, et and worked, et and work worked, et and work work and work work and work work and work work work and work work work work work work work work	Money enakar 1939
RESE IG INI AGE sh that it ons on	this occupation month and 1937 spent in this 5 occupation	
Z	12. BIRTHPLACE (city or town) arkall CO.	Other Contributory Causes of importance:
MARGIN UNFADI supplied. n terms, so	(State or country)	
MARG) UNFA supplied terms,	II 13. NAME TRAVELLO KEITELL	
MA H U sur in to	4 14, BIRTHPLACE (city or town)	Name of operation
Eld .	(State of Country) The Contract	What test confirmed diagnosis? Was there an autopsy?
EALY, William EATH in important	T 15. MAIUEN NAME COLOR STEWNING	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, sulcide, or homicide?
TH	16. BIRTHPLACE (city or town) (State or county) (State or county)	Where did injury occur?
	17. INFORMANT Charles Coist (Address) Carthe Posit, Mid.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL CREMATION OR REMOVAL	Manner of Injury
	Date of pour Cell. Date fires, 1931.	Nature of Injury
WRITE mation s CAUSE TION is	19. UNDERTAKER ELL A! Patterson	24. Was disease or injury in any way related to occupation of deceased? If so, specify
B. B.	4-15 to The	(Signed) D. M. O. M. O. M. O.
ż ż	20. FILEO. Registrar.	(Address) - Potte Laka-to- fred
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Chronic interstitial nephritis,	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBAU V. S.				
Other contributory causes of importance:	1111-1111	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

19	item of infor-	should state	of OCCUPA.	1
	RD. Every	IYSICIANS	statement	
	VT RECO	LY. PH	. Exact	
	RMANE	XACT	classified	
	IS A PE	stated E	properly	certificate
	HIS	pe	pe	Jo.
	-WRITE PLANDY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
	HANT, WITH	be carefully	EATH in pla	important.
	-WRITE PLA	mation should	CAUSE OF D	TION is very

MARGIN RESERVED FOR BINDIN

V. S. No. 1

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1. PLACE	OF DEATH			80	
County	Cecil	WITHIN CORPOR	ATE LIMITS	Registration Dist. No.	92
Village or	City Color			No. f death occurred in a horpital or institution, give its NAME instead of st	_St.,Wa
Length of re	esidence In city or town where	death occurred		sds. How long In U.S. if of foreign birth?yrs	
2. FULL N	AME Sarat	27. Pat	ts.	If U. S. Veteran, specify WAR	
(a) Resid	ence: No.			St., Ward.	
		(Usual place of ab		If nonresident give city or t	
. SEX	NAL AND STATIST	S. SINGLE, MARRIED		MEDICAL CERTIFICATE OF DE	ATH
Hunole	white	OR DIVORCED (2	rice the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
e. If married, wid HUSBANO of	1	A A		22 I HEREBY CERTIFY, Thet I	
(or) WIFE of	W= 12 10	tts		april 19 1927 to this	2/ 19.3
. DATE OF BIRTI	f (month, dey, and year) /2	cay 2	1863	I fast saw h & alive on Opril 120	19.3.7 : death is s
AGE Y	ears Months	Deys	If LESS then	to heve occurred on the date steted above, at 450 m.	
	73 11		day,hrs. rmin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importer were es follows:	nce Date of on
8. Trede, pro kind of SAWYE	fession, or perticuler f work done, es SPINNER, ER, BOOKKEEPER, etc	it 74om		Cerebral hemorrhag	5-4-12-
9 Industry o	r business in which wes done, as SILK MILL, IILL, BANK, etc				
11113 001	esed last worked et cupation (month and	11. Totel time (spent in occupatio	this		
2. BIRTHPLACE (180		Other Coutributory Causes of Importance: Hy revenue of Importance	1934
1	om & me	ney			
14. BIRTHPLA	CE (city or town)	reforms	alia	Neme of operation) at a of
(State	or country)	~		What test confirmed diagnosis? Was t	Q.
15. MAIDEN N	IAME Sarah Z	o, Kretter	-	23. If deeth wes due to external causes (VIOLENCE) fill In also the	
16. BIRTHPLA	CE (city or town) Eles	Long NR	0	Accident, suicide, or homicide? Dete of Injury	The state of the s
(State	or country) ha	my land		Where did Injury occur? (Specify city or town, county	
7. INFORMANT	Mis Hewart	my 2nd	aud	Specify whether Injury occurred In INDUSTRY, In HOME, or In PU	BLIC PLACE.
CA	ATION, OR REMOVAL	RU	211 0	Menner of Injury	
Place Z	Tion Carrie	n Oate The	24,193/	Neture of injury	
9. UNDERTAKER . (Address)	Eleton 2	in nin		24. Was disease or injury in any way releted to occupation of decer	esed? Ma-
0. FILED 4/2	3- 1937 80	France Fr	Registrar.	(Signed) Monusou (Address) Elhtou Mo	M

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	Example I	i	Example II	:
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Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU Y. S.			
Other contributory	causes of importance:	-(1035-1)	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		\ ~		2018.10

	item of infor-	should state	of OCCUPA.	/
0	RD. Every	IYSICIANS	statement	
8,	RECO	Y. PH	Exact	
INDIN	ERMANENT	XACTL	classified.	di.
FOR B	IS A PE	stated E	properly	certificate
MARGIN RESERVED FOR BINDING	-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
MARGIN	TH UNFADIN	lly supplied. A	plain terms, so	See instruction
D	PLAKELY, WI	ould be carefu.	F DEATH in 1	ery important.
5	-WRITE	nation sh	CAUSE 0	TION is v

1. PLACE OF DEATH		7	0-1
County Olli		Registration Dist. No	9V/
Village or City		No. St., If death occurred in a hospital or institution, give its NAME instead of street a s. ds. How long In U.S. If of foreign birth? yrs.	/
2. FULL NAME Carr	all Roar	6	
	same	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	н
3. SEX 4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April 23	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	0	22. JI HEREBY CERTIFY, That I attended to the second of th	
DATE OF DIDTH (7. Le 1937	i last saw h Un elive on a hil 2219.	ニシー・, 19ニン. ろつ: death is said
5. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Devs If LESS than	to have occurred on the dete stated above, et _/	maka ji uostii 19 Seit
1	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	1200
8. Trede, profession, or perticular	/J ormin.	were as follows:	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		Malientrelem	2-8-3
9. Industry or business In which			
work was done, as SILK MILL, SAW MILL, BANK, etc			
- I this occupation (month and	II. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of importence;	
12. BIRTHPLACE (city or town) 6	KTm)	A 1	
(State or country)	p ind.	Nurmoen	4-15.
13. NAME Gart Stoa	n Moark	, , , ,	
13. NAME Garf Stone 14. BIRTHPLACE (city or town)	1-1-A.	Name of operation	of
(State of country)	orth Carolina	Whet test confirmed diegnosis? Cleured Was there	an autopsy?
15. MAIOEN NAME Organia 16. BIRTHPLACE (city or town)	a fee nelson	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the follo	wing:
16. BIRTHPLACE (city or town)	1 -1 -1 -1	Accident, sulcide, or homicide? Date of Injury	, 19
State or country)	on Carolina	Where did injury occur?(Specify city or town, county and	(C)
17. INFORMANT Garl Slow, (Address) RFD 2	Roack Sexton ned	Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	anezel 37	Manner of Injury	
Place Wester Magni	Oate 77, 192	Nature of injury	
19. UNDERTAKER tail Slow (Address) RD Eli	ton Koark	24. Wes disease or injury in any wey releted to occupation of deceased If so, specify	?
20. FILED CEPT 73 187 X	Frais Frages	(Signed) Xue / Dans	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	-15	Example II	
The principal cause of death and related caus of importance were as follows:	es. Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis MAY	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
The indicates are security and the indicates and the indicates are security and the indicates			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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		STATE OF MARYLAND—	CERTIFICATE OF DEATH
	infor- state UPA-	1. PLACE OF DEATH	or privile
		Manuel .	93-0
	should of OCC	County	Registration Dist. No.
1	sho of C	Village Dr Ofty South 100 South	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
(IN)		1	death occurred in a hospital of institution, give is 144112 instead of street and number) ds. How long in U.S. if of foreign blrth?yrsmosds.
-	Every MAN ement	(+/	, 0.
	ED. Every YSICIANS statement	The state of the s	
	Stal	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	Cord. Every PHYSICIANS let statement	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	RECO. PH Exact	3. SEX 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH ALAND 4
	FY 4	emale White OR DIVORCED (write the word)	(Month) (Day) (Year)
	CTL ;	5a. If married, widowed, or divorced	(Month) (Day) (Year)
H	MANEN ACTI assified.	(or) WIFE of Mart: 17 Serble	22. THEREBY CERTIFY hat I ettended deceased from
BIND	X X Z	2 - 1/10/-/	19 5/ to Vy 01 4 7 19.5 1
BI		6. DATE OF BIRTH (month, day, and year) 100. 4, 1836	I last saw h
出	IS A PE stated E properly certificate.	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end releted causas of importence
FOR	IS stat proj erti	0/ 6 ormip.	wera as tollows.
	be sof co	8. Trada, profession, or particular kind of work done, as SPINNER. A sual surfly SAWYER, BODKKEPER, etc.	Chroma Myscardus 1936
回			
RV	nould may back	9. Industry or business In which work was done, as SILK MILL. Own James SAW MILL, BANK, etc. 11. Total time (years)	
RESERVED	Sh it	O 10. Data deceased last worked at 11. Total time (years)	
ğ	· (T)	this occupation (month and / 9.35 spent in this occupation	
		12. BIRTHPLACE (city or town) & wasautown	Other Contributory Causes of Importance:
H	ADIN d. , s, so ructi	(State or country)	
RG	UNFA upplied terms, e instru	13. NAME Nathan Taffan.	
MARGIN		14. BIRTHPLACE (city or town) Inalbertown	Name of oparation
A	y su ain t	14. BIRTHPLACE (city or town) full mount (State or country)	What test confirmed diagnosis? Was there an autopsy?
	WIT efull in pl ant.	15. MAIDEN NAME Murfaret Harr.	23. If death was due to external causes (VIOLENCE) fill in also the following:
		16. BIRTHPLACE (city or town) frualser town	Accident, suicide, or homicide? Date of injury, 19
1	be ca EATH import	S (Stata or country)	Where did injury occur?
, and a		17, INFORMANT Quare F XEgan	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(1)	E PLA should OF D	(Andress)	
U	E PI Shou OF	18. BURIEL, CREMATION, OR REMOVAL	Manner of injury
	ITE on s SE SE N is	Place Pulled Now O a Date your 27, 1957.	Neture of Injury
	WRITE mation sical CAUSE	19. UNDERTAKER et a Satterbour	24. Was disease or injury in any way related to occupation of deceased? 110-
No. 1	TCB	(Address) Jerry will, will-	If so, specify
z, vi	M .	20. FILED 4 - 29 /8 37 Lot Handers	(Signed) M. I
>	Z	Registrar.	(Address) Port Depart lug.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	
· ·	m uy 1,1920	Tuest vertics time	1 year

RD. Every itemest inforshould state properly classified. Exact statement of OCCUPA-PHYSICIANS LY, WITH UNFADING INK-THIS IS A PERMANENT REC AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.-WRITE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(B) (2)
County Cecil Village or City Veterans Administration Fac (If Langth of rasidence In city or town where death occurred 5 yrs. 4 mos.	Registration Dist. No. 96 211 toy, Perry Point, Md. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME STRIDON, William T. (a) Residence: No. 512 W. 33rd Street, Baltin (Usualplace of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marrie d	21. DATE OF DEATH April 28 , 193 7 (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of Bertie Sheldon	22. I HEREBY CERTIFY. That I attended deceased from December 28, 1981, to April 28, 19 37
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then 1 day,hrs. ormin.	I last saw h_imalive onApril 28, 1937 ; death is said to have occurred on the date stated above, at7:25_B.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and year) 11. Total tima (yeers) spent in this occupation with this occupation with the second this procupation with the second the second this procupation with this procupation with the second the second this procupation with the second the second this procupation with the second the second the second this procupation with the second t	Gerebral thrombosis 2-27-37
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of Importance: Gerebral arterio sclerosis unknown
13. NAME William Sheldon	
14. BIRTHPLACE (city or town) Mary Len d	Nama of operation Laboratory & clinical What tast confirmed diagnosis? reports — Was there an autopsy? No.
置 15. MAIDEN NAME Mary Welch	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)(State or country) Maryland	Accident, suicide, or homicide?
17. INFORMANT Hospital records (Addrass)	(Specify city or town, county and State) Specify whathar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. DURIAL, CREMATICH, OR REMOVAL Place Baltimore, Md. Data May 11 29 19 37	Manner of Injury
19. UNDERTAKER WILLIAM COOK (Addrass) WILLIAM COOK 20. FILEDA PR. 29.1927	24. Was disasse or injury in any way related to occupation of dacessed? NO If so, specify (Signad) F. DAVIS, M.D., Clinical Director

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

B.—WRITE PLA

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V. S. No. 1

certificate.

TION is very important. See instructions on back of

FOR BINDIN

item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

/	CEUMAIS LIMITO NO	46-C
County CCC	`	Registration Dist. No. 92
Village or City Elector	ı	Nallinon Hospital St. Ward
	LH A (IF	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	eath occurred yrs mos	ds. How long in U. S. If of foreign blrth?yrsmosds
2. FULL NAME Jeorg	e C Shuste	If U. S. Veteran, specify WAR
(a) Residence: No.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
have white	Widowsd	(Month) (Day) (Yaar)
e. tf married, widowed, or divorced HUSBAND of	P	
(or) WIFE of Eller J. 52	ccpae	22. I HEREBY CERTIFY, That I attended deceased fro
DATE OF RIPTH (month day and year) His	- 1816	
AGE Years Months	1. 001	I lost saw house alive on the date stated above, at 3 , m.
	1 day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
67 4	26 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Plane 1-	Carsenonia a inter-
SAWYER, BDDKKEEPER, stc	2	times
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Kitures	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc	11. Total tima (yaars)	
this occupation (month and year)	spent in this	
11(1)	- decapation	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town)	mgton	
(State or country)	work .	
13. NAME Charles 57	uster	
14. BIRTHPLACE (city or town)	formation	Name of operation Date of
(State or country)	aware	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Saroh	Boulden	23. If death was due to external causes (VIDL ENCE) fill In also the following:
15. MAIDEN NAME Sarah 16. BIRTHPLACE (city or town)	information	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Delc	ware	Where did injury occur?
INFORMANT Murray S.	Lust.	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Derive	a_	
8. BURIAL, CREMATION, OR REMOVAL	60	Manner of injury
Place Elycton Catherine	Date 10 ,1937	Natura of injury
71. (10-10)	1	
9. UNDERTAKER (Address) ELICE	no d	24. Was disease or injury in any way related to occupation of deceased?
(Audiess)	7 Par	If so, specify
10. FILED 4 1937 7 S	Traus (YMLGE)	(Signad) M.
/ /	Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			10

STATE OF MARYLAND—	SIC Registration Dist. No. 95	
Village or City utside Convernges	No.' St.,V f death occurred in a horpital or institution, give its NAME instead of street and number)	
Length of residence in city of town where death occurred yrsmo	sds. How long in U.S. if of foreign birth?yrsmos	
(a) Residence: No. Conourngo (Usual place of abody)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
14. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Soul 2 (Dey) 1937	
HUSBANO of (or) WIFE of Commandary Smith	22. JI HEREBY CERTIFY. That I attended deceased 1937, to sprid 20, 193	
DATE OF BIRTH (month, day, and year) Due 9 3 1868	I lest sawn welive on	
AGE Years Months Deys If LESS than	to have occurred on the dete steted bove, etm.	
68 8 22 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Cyclemana of Jan	
10. Dete deceased lest worked et this occupation (month end yeer) 11. Total time (years) 12. 3. 7 12. 14. 15.	Other Centributery Causes of importance:	
(State or country) Ceul Co: Ind.	Other Contributory Causes of Importance.	
13. NAME John Smith		
14. BIRTHPLACE (city or town) Concount (Stete or country) Could Co 1 And	Neme of operation Oete of Oete of What test confirmed diagnosis? Wes there an autopsy?	
15. MAIDEN NAME of suckly	23. If death was due to externel causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Caracarage (State or country)	Accident, suicide, or homicide?	
INFORMANT Dynaith Anthro	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
BURIAL, CREMATION, OR REMOVAL Place Delaw order Abadoete Abril 29, 193. 7	Manner of injury	
UNDERTAKER & Typing Sien Md.	24. Was disease or injury in any way related to occupation of deceased?	
FILED / 29 - 1030 Million Ton Registrar,	(Signed) August Manager Manage	

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Box			
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